

REVIEWS.

ART. XIV.—*A Manual of Psychological Medicine, containing the History, Nosology, Description, Statistics, Diagnosis, Pathology and Treatment of Insanity.* With an appendix of cases. By JOHN CHARLES BUCKNILL, M. D., Lond., L. R. C. P., Medical Superintendent of the Devon County Lunatic Asylum, &c. &c. &c.; and by DANIEL H. TUKE, M. D., L. R. C. P., Lecturer on Psychological Medicine at the York School of Medicine, and Visiting Medical Officer of the York Retreat. Philad.: Blanchard & Lea, 1858. Pp. 536, 8vo.

THE connection of mind and body in its influence upon the manifestations of disease, demands more attention than it commonly receives from medical men. The physician should continually bear in mind that many of the causes of disease act through the mind, that many of its symptoms are mental, and that mental influences often, and we may say generally, have a great agency in either opposing or promoting the cure. All this is true even of the general range of disease. It is not merely when the brain, the organ of the mind, is directly affected, that mental symptoms are present, and mental care becomes a part of the duty of the physician. For, as every part in the body has a nervous connection with this organ, there is no ailment so remote from it that it is without the sphere of its influence, or that it exerts none upon it in return.

Although this view of the psychological relations of disease and its therapeutics be so obvious on the very face of things, there is no part of practical medicine which is so little understood. Comparatively few physicians make mental influence a prominent agency in the cure of disease. The great body of the profession have no conception of the necessity that a physician should be in the highest and best sense of the term a metaphysician—that he should understand the laws by which the operations of the mind are governed, the modifications of these operations caused by varying physical states, and also the physical effects produced by varying conditions of the mind. Mere glimpses of this department of medicine are all that are realized by most physicians as they go the rounds of their daily practice. They do indeed exert much mental influence upon their patients, without being aware of it, and some of them acquire at hap-hazard a good degree of skill in mental medication, as we may term it; but they do not rise to anything like an adequate conception of the extent to which such skill can be applied. It is only a few who make this a study as really as they do the application of drugs in the cure of disease, thus recognizing in full the important truth that the physician is not the physician of the body alone, but of a body inhabited by a soul, nay more, united with it by connections close and numberless.

With this general neglect of psychological medicine in its wide range, there is, of course, great ignorance of that particular department of medicine which may be especially entitled psychological, and which forms the subject of the book under review. Indeed ignorance of the one involves ignorance of the

other. Insanity cannot be fully understood by one who does not study the mutual influence of mind and body in the whole range of disease. The unnatural separation of this subject from all other views of disease, engenders narrow and erroneous ideas. We apprehend that a large proportion of those practitioners who have had charge of retreats for the insane, have committed this error to a greater or less extent. And hence in part it is, that less practical information in regard to the treatment of insanity has been given by them to the medical public than we had a right to expect. The advantages of practice in hospitals for gathering accurate and extensive information are very great, and therefore lay upon the conductors of them high responsibilities in relation to the profession at large. That such responsibilities have not been as fully discharged in the case of retreats for the insane as in ordinary hospitals, we think cannot be denied; and one reason for this is that which we have given above. It is obvious that there has not been that common ground between the profession at large and the physicians of retreats for the insane, that there has been between the profession and other hospitals. Physicians having charge of the insane have been prone to consider themselves as standing somewhat aloof from common medical practice, and they have been so considered by practitioners generally.

The effect of such a separation is injurious to both parties. The general practitioner is led to take it almost for granted that he has nothing to do with insanity, but that it is to be wholly turned over to the care of those who make this their special study. He therefore knows but little about it. On the other hand, the physician of the retreat, narrowing his mind down to this subject alone, and shutting out from his view all else except what has most obviously an incidental relation to insanity, really deprives himself of the aid of much that can shed light on the subject to which he so earnestly devotes himself. It would be better for both to take a broader range of investigation. He who has care of the insane would be better fitted for this department if he cultivated the whole field of psychological medicine; and the ordinary practitioner would be better able to use all the mental appliances of his art in his daily practice, if he made himself thoroughly acquainted with the different phases presented by insanity.

But there are other reasons why the ordinary practitioner should pay more attention to the subject of insanity than is commonly done. He cannot avoid having something to do with the insane, and that too in the most important period of their insanity. At the very outset of many cases, the treatment is to be directed by him. Ignorance, therefore, on his part may occasion great damage to the patient, either by inappropriate treatment, or by the failure to do what is demanded by the case. As the physician goes his daily rounds, he sometimes meets with persons who are really insane, and yet are not supposed to be so by their friends. His duty is to reveal to them the fact, and to urge upon them the necessity of an early removal to some asylum. If he be ignorant on the subject, as many physicians are, he will fail to be of service in this way; and most disastrous results may sometimes come from the failure. In some cases where the insanity comes on insidiously, and the friends of the patient do not perceive its existence, there is danger that the malady will become immovably fixed before anything effectual be done. A physician of the requisite knowledge and discrimination may be of essential service in such a case, by revealing to friends its true character, and convincing them of the necessity of an immediate attention to it. A failure to do this has put many a case into the incurable lists of patients in our retreats.

We have often known insanity to be aggravated by the bungling manage-

ment of physicians. This occurs more often in the use of mental than physical means, simply because medical men are more at home in the application of the latter. The plainest principles of common sense are often transgressed, not only by the friends of the insane, but often by the physician, in the mental influences exerted upon them. When such injurious influences are experienced by the patient for some length of time, as they are in cases where the fact of insanity is doubted week after week, and month after month, the case assumes a very bad character. Perhaps there is no one thing which so often produces an injurious effect upon the insane as deception. The practice of it is exceedingly common, and is sometimes connived at and even practised by physicians. We once knew a physician of high standing in the community to authorize a plan for getting a patient into an asylum by deception, which had a most obviously bad influence upon the case, making the insanity to take on at once a more decided and inveterate character. As the man was put into the retreat by trickery, he escaped from his confinement by trickery also; and as the same bad management was continued, his insanity was steadily increased till at length he ended his life by committing suicide.

The ignorance which many physicians show in regard to insanity is only to be accounted for by the very common neglect with which the subject is treated by the profession. This neglect is not confined to those who have a low rank, but is seen often in those who are prominent, at least in the eyes of the public. As illustrating this point, we call to mind now the case of an insane prisoner, supposed by the physician who attended on the inmates of the prison to be only obstinate and vicious, and therefore day after day put to harder work by way of punishment, who after a while made his insanity patent to all by killing one of the keepers. The evidences of insanity in this case were such, that although they might deceive an ordinary observer, they ought, one would think, to be recognized by any tolerably educated physician; and yet here was a physician better educated than most of the profession, having a prominent position in a very intelligent community, that did not recognize them. What is the explanation? Either he was most culpably careless in regard to the representations made to him of the case, or in common with most other physicians he had neglected to study the subject of insanity as being out of his sphere, or perhaps it was from both these causes conjoined that he committed the blunder.

There are many cases of a most interesting character that fall under the care of the ordinary physician in which, although insanity does not exist, yet the mind is so much affected, that skill in exerting mental influences is of great service; and the skill required is just of that character which the physician of the insane acquires by his study and experience. Of course, the study of insanity will help to give this skill to the ordinary practitioner.

It being then so important that physicians generally should have a competent knowledge of insanity, the question arises, what books can be used by them as guides in their studies and observations. There are many good books, but we think that there is none which will so generally answer the purpose as the one under review. And we are glad, therefore, to see this reprint from the English edition. Every physician ought to have some work on insanity, and, as most can afford to have but one, we would recommend this unreservedly as the best. It is sufficiently full; it is clear in its statements and descriptions, and very discriminating in its practical views.

We propose in this review to give the reader some idea of the quality of the work, and to comment upon some of the views of its authors, having for our object in part to bring the work to the notice of the profession in this

country, and in part to develop some points in the subject of insanity which are of great practical interest.

The work is by two authors, Dr. Tuke giving the chapters on the history, nosology, description, and statistics of insanity, and Dr. Bucknill those on its diagnosis, pathology, and treatment. We do not fancy this copartnership in making books, unless there be a special reason for it, which does not appear in this case. We like generally to see a book having the character of an individual author stamped upon it throughout. When two unite in making a book, there is apt to be manifest an effort on the part of both to assimilate in style, thereby in a measure destroying the individuality of each. This fashion (for it is a fashion in book-making) seems to be becoming quite common, more so in England than in this country. One of the most learned and, at the same time, interesting books recently published is the work of two authors. We refer to Conybeare and Howson's *Life and Epistles of St. Paul*. In this book, as well as in the one before us, while the writers are both much better than ordinary, they have no such peculiarities as would prevent the assimilation of which we have spoken, or occasion any marked perception of the difference if the assimilation did not take place.

The first chapter, which contains a "Historical Sketch of Insanity among the Nations of Antiquity," though it has not much practical value, has some curious matter in it. It has some quotations from Plato, which show that he had the most confused and loose ideas of human responsibility. Indeed, we find in the following passages the doctrine, baldly stated, that man is wholly irresponsible. After accounting for diseases of the soul, as he terms them, he says:—

"And indeed it may almost be asserted that all intemperance in any kind of pleasure, and all disgraceful conduct, is not properly blamed as the consequence of voluntary guilt. For no one is voluntarily bad; but he who is depraved becomes so through a certain bad habit of body, and an ill-governed education." "All the vicious are vicious through two most involuntary causes, which we shall always ascribe rather to the planters than the things planted; and to the trainers rather than those trained."

The following specimen of wild and bungling speculation about the physiology of the brain and the pathology of insanity is cited from Hippocrates.

"Men ought to know," he says, "that from nothing else but thence (the brain) come joys, despondency, and lamentations. And by this, in an especial manner, we acquire wisdom and knowledge, and see and hear, and know what are foul and what are fair, what are bad and what are good, what are sweet and what unsavory; some we discriminate by habit, and some we perceive by their utility. By this we distinguish objects of relish and disrelish, according to the seasons; and the same things do not always please us. And by the same organ we become mad and delirious, and fears and terrors assail us, some by night and some by day; and dreams and untimely wanderings, and cares that are not suitable, and ignorance of present circumstances, desuetude, and unskilfulness. All these things we endure from the brain when it is not healthy, but is more hot, more cold, more moist, or more dry than natural, or when it suffers any other preternatural and unusual affection. And we become mad from humidity (*of the brain*). For when it is more moist than natural, it is necessarily put into motion, and the affected part being moved, neither the sight nor hearing can be at rest, and the tongue speaks in accordance with the sight and hearing. As long as the brain is at rest the man enjoys his reason; but the depravement of the brain arises from phlegm and bile, either of which you may recognize in this manner: Those who are mad from phlegm are quiet; and do not cry out or make a noise; but those from bile are vociferous, malignant, and will not be quiet, but are always doing something improper. If the

madness be constant, these are the causes thereof. But if terrors and fears assail, they are connected with derangement of the brain, and derangement is owing to its being heated. And it is heated by bile when it is determined to the brain along the bloodvessels running from the trunk, and fear is present until it return again to the veins and trunk, when it ceases. He is grieved and troubled when the brain is unseasonably cooled and contracted beyond its wont. It suffers this from phlegm; and from the same affection the patient becomes oblivious."

The second chapter is on the "Opinions of Ancient Medical Writers on the Treatment of the Insane." It begins thus:—

"Music is the first recorded remedy employed, so far as we are aware, for the relief of madness. That 'ancient musician,' of whom it has been said that he struck tones that were an echo of the sphere harmonies, 'took an harp and played with his hand; so Saul was refreshed and was well, and the evil spirit departed from him.'"

We simply remark that we doubt the propriety of thus summarily putting the wicked Saul among the insane. The evidence of his belonging in that category is at least insufficient.

There are in this chapter some curious examples of a very ancient recognition of the homœopathic doctrine, showing that this medical vagary was far from being original with Hahneman. Thus, Democritus says of hellebore—

"I am persuaded that if to me you should give hellebore to drink as to the insane, it would be right that the insane should escape it; and, according to your art, you would have blamed it as being itself the cause of madness. For hellebore, when given to the sane, pours darkness over the mind, but to the insane it is very profitable."

So also in those times some recommended intoxication as a remedy for insanity, because madness is often caused by it. These are about as good illustrations as we hear at the present day of *similia similibus curantur* from the busy tongues of the refined lady and clerical patrons of this delusion.

There was some heroic practice in those days in insanity. Such measures as strong purgation, extreme abstinence, and free bleeding were quite in vogue. It seems from Cælius Aurelianus that bleeding was employed by some in his day to a fearful extent. Patients were often bled from both arms to syncope, and death was sometimes the result. He protested against such heroic measures, and, like Hippocrates and many other of the ancients, he has much practical good sense mixed with much that is sheer nonsense.

The next chapter, on "Modern Civilization in its Bearing upon Insanity," is an exceedingly interesting one. The conclusions to which the facts commented upon lead are very well summed up thus:—

1. That, while the greater facilities which exist in civilized countries for obtaining a knowledge of the numbers of the insane, and the greater degree in which the disease is recognized, render any just comparison very difficult, and tend to show a much larger proportion than is actually the case, there can be little doubt, nevertheless, after making due allowance for this source of error, that insanity attains its maximum development among civilized nations, remaining at a minimum among barbarous nations, as well as among children and animals below man.

2. That, having regard to the main causes of insanity, there can be no reasonable doubt that, in modern civilized society, these outweigh those circumstances which might be supposed to favour mental health; these unfavourable causes being principally the increased susceptibility of the emotions to slight impressions, consequent upon their constant cultivation, the abuse of stimulants, and the overwork to which the brain is subjected, especially in

early life, by an overwrought system of education—the higher emotions or moral sentiments, the lower propensities, and the intellectual faculties, being thus all subjected, separately or combined, to an amount of excitement unknown to savage tribes.

3. That, inasmuch as all civilization is, up to the present time, to be regarded as imperfect and transitional, it does not necessarily follow, from the foregoing, that civilization, carried out to its perfect development—a civilization which should exactly temper the force of the emotions, moderate intellectual exertion, and banish intemperance—it does not follow, perhaps, that such a civilization as this would generate mental disease. Even such a condition of society as this, however (which, it is to be feared, will never be realized), would, we believe, present greater danger to the integrity of the great centre of the nervous system than a state of barbarism."

Much is said at the present time of the influence of over-study in schools in impairing the vigour of the young and laying the foundation of disease—mental disease with the rest. We think that too much stress is laid upon the amount of study merely. The mode of studying has much to do with the result. Education is made too much a drudgery throughout, but especially at the beginning. The mind is subjected to the tedium of learning things that it cannot understand, and hence the school-room is looked upon, for the most part, as a place of both mental and bodily torture. This ought not so to be. The school-room should be a happy place. It can be so if education be conducted aright. But to make it so, there needs to be a radical change both in the notions and habits of teachers, and in the construction of text-books. Such a change we believe is soon to be effected; and when it is done, it will be found that much more real knowledge can be acquired by the young without any damage to their health and their brains than is now acquired with this damage. The buoyancy of mind attending right methods of communicating knowledge is beneficial to body as well as mind; while the fretting and dissatisfaction occasioned by wrong modes, making mental labour a weariness, are depressing to both mental and bodily vigour, and hence dwarf both the intellectual and physical powers, and sow the seeds of disease both in mind and body. The defect pointed out as existing especially at the outset of education appears more or less throughout its whole course, and is, we have no doubt, a prominent cause of insanity as well as of other disease. We should like to enlarge upon this important point, but our limits will not allow it.

The general conclusion, that civilization is attended with more insanity than a state of barbarism, has been combated by a writer in the *Quarterly Review* with quite a formidable array of statistics. The statistics are of rather a singular character. The writer draws a comparison between the manufacturing districts of England and its agricultural districts, taking the former as representing civilized life, and the latter savage life. Of course, the assumption that an agricultural district in England fairly represents savage life is palpably false. The mental activity and the vices of civilization are both present in some measure even in the darkest and most secluded places of such a district. But, even allowing the truth of the assumption, Dr. Tuke entirely demolishes the conclusion of the writer in the *Review*. The writer, he shows, did not go far enough in his statistics, and so stopped short of the truth. He reasoned, as collectors of statistics often do, upon a partial view of the facts. He found that there was a larger number of *pauper* lunatics in the agricultural than in the manufacturing counties in proportion to the whole population. He then inferred that more persons become insane in the former than in the latter. This inference Dr. Tuke

shows to be false. He does it by giving a full view of the statistics bearing on the point, instead of the partial view of the writer in the *Review*. He proves one fact which shows up the fallacy of this writer's inference, viz., that the proportion of paupers to the whole population is greater in the agricultural counties than in the manufacturing. Of course, where there are the most paupers there will be the most pauper lunatics. This is the only reason that there are the most pauper lunatics in the agricultural counties. The facts do not touch at all the question as to the number of lunatics in proportion to the *whole* population. If we are to make the number of insane paupers a rule in estimating the prevalence of insanity in the community at large, we must find the proportion of pauper lunatics to the number of paupers, and not to the whole population, as the writer in the *Quarterly* did, and then make this the basis of an inference. Judging in this way, Dr. Tuke finds that the average proportion of pauper lunatics to the pauper population, per 1000, is in the agricultural counties 18.37, while in the manufacturing districts it is 26.40. This is as we should expect, for the excitements of business in a manufacturing community are much more conducive to insanity than the comparative evenness and quiet of agricultural life. And yet we have no right to infer that the proportion of insanity in the pauper population is in exact conformity with that of the community at large, though it is probably near it, for there cannot be any great difference in exposure to the causes of insanity between those who become paupers and the population around them.

Dr. Tuke is more cautious than the flippant writer in the *Quarterly Review* in adopting conclusions, and thus remarks on the question whether there are more lunatics among civilized nations than among the uncivilized:—

“Here, however, unfortunately, we are met by the absence of anything like reliable data upon which to proceed; for, however nearly we may be able to approximate to the numbers of the insane among ourselves, or in other civilized countries, there exists no parallel series of facts with which to compare them, among those nations which are in a state of barbarism. Nor can it, for one moment, be doubted, that the apparently greater extent of insanity among civilized nations (as well as the great apparent increase of insanity in recent times), is, in a great measure, satisfactorily explained by the obvious fact, that these, much more completely than barbarous nations, know of the existence of insane persons, and recognize mental disease as such. And there are various other reasons why uncivilized nations should appear to be less subject to insanity than is actually the case. Thus, weakly children, including imbeciles, would be generally neglected (except when regarded superstitiously), and among some nations (as the Esquimaux) put to death. The same remark attaches to the aged, who, on this account, rarely afford examples of superannuation.”

He adduces, however, a great variety of testimony in proof of an affirmative answer to the above question, although the relative proportion of the insane in civilized and barbarous countries cannot be ascertained with any accuracy, and the statistics usually adduced for this purpose must be taken with many grains of allowance.

The fourth chapter, which is on the “Amelioration of the Condition of the Insane in Modern Times, especially in regard to Mechanical Restraints,” is one of intense interest—painful in the extreme if we look only at the past, but exceedingly gratifying if we look at the present, and anticipate the future. Up to the year 1792, the insane were treated almost universally like wild beasts. That year was an era in the treatment of the insane, ever to be remembered with joy and gratitude; for it was then that Pinel struck off the chains of fifty-three patients confined in the Bicêtre, the results showing at

once that the then common notion that chains were necessary to restrain the insane from violence was unfounded. But the progress of the reform thus begun was, as is the case with all other reforms, very slow. In 1815, twenty-three years after the grand experiment of Pinel, a committee was appointed by the House of Commons to investigate the condition of the insane in asylums, or mad-houses, as they were then called, and some of the developments were of the most astounding character.

We can hardly believe at this day that asylums for the insane exhibited such sad scenes as are described in the following quotation made by Dr. Tuke from a book entitled, *What Asylums were, are, and ought to be*, by Dr. W. A. F. Browne:—

“Let us pass a few minutes in an asylum, as formerly regulated; and, from the impression made by so brief a visit, let us judge of the effects which years or a lifetime, spent amid such scenes, was calculated to produce. The building was gloomy, placed in some low, confined situation; without windows to the front, every chink barred and grated—a perfect gaol. As you enter, a creak of bolts, and the clank of chains, are scarcely distinguishable amid the wild chorus of shrieks and sobs which issue from every apartment. The passages are narrow, dark, damp, exhale a noxious effluvia, and are provided with a door at every two or three yards. Your conductor has the head and visage of a Carib; carries (fit accompaniment) a whip and a bunch of keys, and speaks in harsh monosyllables. The first common room you examine—measuring twelve feet long by seven wide, with a window which does not open—is perhaps for females. Ten of them, with no other covering than a rag round the waist, are chained to the wall, loathsome and hideous; but, when addressed, evidently retaining some of the intelligence, and much of the feeling which, in other days, ennobled their nature. In shame or sorrow, one of them perhaps utters a cry; a blow, which brings the blood from the temple, the tear from the eye—an additional chain, a gag, and indecent or contemptuous expression, produces silence. And if you ask where these creatures sleep, you are led to a kennel eight feet square, with an unglazed air-hole eight inches in diameter; in this, you are told, five women sleep. The floor is covered, the walls bedaubed, with filth and excrement; no bedding but wet decayed straw is allowed; and the stench is so insupportable, that you turn away and hasten from the scene.”

Even as late as the year 1844, there were some asylums in England to which this description would almost literally apply. No wonder that one, who had been taken from one of these dens of torture and filth to a well ordered retreat, when asked by one of his friends what he called the place where he now was, replied, with great earnestness, “Eden, Eden, Eden!”

We would like to dwell here upon the non-restraint system now so generally introduced, noticing some of its necessary limitations, but we must hasten on.

The fifth chapter treats “of the Definition of Insanity, and of Classification.” Dr. Tuke cites many different definitions of insanity, which are all unsatisfactory, and he very justly remarks that—

“It is not in any definition of mental derangement that the student will learn what insanity really is.” He also says, that “whatever definition of insanity is adopted by the student, it is all-important that he should regard *disease* as an essential condition; in other words, that insanity is a condition in which the intellectual faculties, or the moral sentiments, or the animal propensities—any or all of them—have their free action destroyed by disease, whether congenital or acquired.”

Our author has struck here upon the grand point of distinction between insanity and those mental conditions which are so often confounded with it. Insanity is a disease—a corporeal disease. It cannot be predicated of mind

alone; and the expression, mental disease, though a very convenient one, is not strictly correct. The mental symptoms of insanity do not result from the mind alone, but from the action of the diseased organization upon the mind. If this simple view of what is essential in insanity be kept in mind, it will aid us often in diagnosis. In all doubtful cases let the question come distinctly before us, whether the mental manifestations are the product of disease, of bodily disease, or are the result of cherished propensities or passions, or mental habits, producing only incidental effects upon the brain and nervous system, and not dependent at all upon any actual disease there. The question, we are aware, is often of difficult solution, and the evidence upon which it is to be decided is generally not of that palpable character which we have in ordinary disease. Still it is *the* question which we are really to decide, and the more definitely we have it before the mind the less apt shall we be to err.

All attempts to subject the different forms of insanity to a strict classification have utterly failed. It is impossible to make any thorough and systematic classification of diseases generally, for the simple reason that disease is in itself an irregularity. The most that can be done is to arrange them in groups according to their resemblances. The difficulty of classifying, even in this loose way, the diseases included under the term insanity is very great. We can only take some prominent salient points seen in cases that are well defined; and then we shall, of course, find that there are many cases which we cannot include strictly under any of the terms that we adopt. We can only approximate to the truth in giving a name to the form of insanity in such cases.

Dr. Tuke gives us rather an extended classification, but he remarks in regard to it—

“We should, however, only employ these divisions as a chart by which we might shape our course for something like firm land, without allowing ourselves to be lost in the metaphysician’s ‘ocean of doubts.’ They are after all only the points and headlands of a recently discovered coast, which navigators have but partially delineated.”

It would seem from this, and some other things said in this chapter, that Dr. Tuke anticipates something better in the way of classification from future discoveries. But we think that there is little reason for such anticipations. There are inherent difficulties which no amount of discovery can wholly remove. Even if we could “determine with certainty the fundamental, radical, faculties of the mind,” we do not believe with our author that we could “hope to possess a detailed and systematic nomenclature.” If it were mind alone that is affected in insanity this would be a rational hope; but as the disease is one of the organization, manifesting itself through the mind, no such thorough classification can come from any supposable amount of knowledge of the mental faculties. Still, we have no doubt that improvements are to be made in the nomenclature of insanity, and much of the confusion of ideas which even now, with all our advance on this subject, is often attached to the terms employed, will be done away.

The next chapter is a long one, and treats very fully of the various forms of insanity. Although it is so interesting, we shall only notice very briefly what is said in regard to emotional or moral insanity. On the existence of this form of insanity Dr. Ray, as quoted by our author, says:—

“It will not be denied that the propensities and sentiments are also integral portions of our mental constitution; and no enlightened physiologist can doubt that their manifestations are dependent on the cerebral organism. Here, then,

we have the only essential condition of insanity—a material structure connected with mental manifestations; and until it is satisfactorily proved that this structure enjoys a perfect immunity from morbid action, we are bound to believe that it is liable to disease; and, consequently, that the affective as well as the intellectual faculties are subject to derangement.”

Accordingly we find that there are some cases of insanity in which there is not the slightest trace of any derangement of the intellect. Thus we meet with persons afflicted with melancholia who reason as well as they ever did, and have no hallucinations or delusions. Their insanity is as real as it is in others who, with the same melancholy, have the intellect more or less affected. In both classes of cases the organization is diseased; but the mental manifestations are different; in the one class the affective faculties being the medium of these manifestations, and in the other both the affective and the intellectual.

But not only may insanity be confined in its manifestations to the affective faculties, but it may also be confined to those propensities which are common to man and to the lower animals. But here we are treading on dangerous ground. Not only do we encounter here the prejudices of the community, who for the most part cannot understand how insanity can exist, leaving the intellect intact; but, on the other hand, there is great danger that real crime may be mistaken for an act of insanity, and thus may escape punishment. The very fact that a mistake of an opposite character has often been made, and irresponsible acts have been visited with the penalties due to crime, has a tendency, perhaps, to make us too ready to suppose insanity. At all events, there should be the most careful and pains-taking discrimination exercised in all doubtful cases, so that society may be properly protected, and at the same time the sad mistake of punishing an innocent insane man as a criminal may be avoided. Above all, we protest against that looseness of view indulged by some on this subject, which comes so near to ignoring the fact of human responsibility, and almost obliterates the distinctions between virtue and vice. The ultra ground which some physicians have taken in their testimony in courts of justice, has so shocked the prejudices of the community, or rather has so offended their moral sense, that they are led to look with suspicion on all medical testimony in proof of insanity, and so are prevented from readily accepting what is true on the subject. In this way science, falsely so called, may hinder the advance both of true science and humanity.

In the chapter on the causes of insanity we have quite extensive and valuable comments on statistics. Some of the fallacies to which the inferences from them are liable are brought to view.

“Thus if,” says Dr. Tuke, “we take the number of clergymen and lawyers admitted at Bethlem Hospital during a certain period, we find them equal; and the inference might be drawn that they were equally liable to mental disease. The following table enables us to show the fallacy of such a conclusion. From this it appears that lawyers are about doubly liable (as might have been anticipated) to this disorder.”

The table referred to includes in its calculations 10,000 lunatics. It does not give simply the number of insane furnished from different occupations. This would not show at all the comparative influence of these occupations in producing insanity. Suppose, for example, that, as in the case of the Bethlem Hospital, the number of insane from the legal profession was the same as from the clerical. But suppose, also, that the number of lawyers in the community was only half as great as the number of clergymen. Then plainly the inference must be that lawyers are twice as liable to insanity as clergymen are. The same can be said of comparisons between other occupations. Ac-

cordingly, in order to make this table correct in reference to the point in hand, the proportion given in relation to each occupation is that of the insane furnished from it to the whole number of persons engaged in the same occupation in England and Wales, and not to the 10,000 lunatics in their asylums.

The statistics of retreats have been very commonly appealed to as showing that males are more liable to insanity than females. But we think this very doubtful evidence. We apprehend that it would be found, on investigation, that there are more female insane persons taken care of at their homes than there are of the male insane. At any rate, the only satisfactory way of settling this question is to ascertain the numbers of both sexes that are insane in the community, both in and out of the asylums.

Some interesting conclusions are drawn from the statistics of one asylum in regard to the relative influence upon the sexes of certain prominent causes of insanity. They are given in the order of their frequency in each sex. The order is thus among males: 1. Abuse of alcoholic drinks; 2. Reverse of fortune; 3. Domestic troubles; 4. Loss of friends. The order is quite different among females: 1. Domestic troubles; 2. Loss of friends; 3. Reverse of fortune; 4. Abuse of alcoholic drinks.

We dismiss this subject of the statistics of insanity with the remark, that great caution is called for in making inferences from them, and that we are especially suspicious of the showing of all tables that favour strongly any cherished opinions of the framers of them. Statistics designed to show the great success of any asylum by a large percentage of recovery, and a small percentage of mortality, we consider of no value, knowing how easily adroit management in regulating admissions and discharges, and false representations of the actual condition of patients (made, perhaps, without a definite design), may secure a much better report than an asylum may be justly entitled to.

We come now to that part of the work which was written by Dr. Bucknill, and which is by far the most valuable portion of it, partly because it has a more practical character, and partly because it is more thorough and clear in its discriminations. He treats of three very important subjects: the diagnosis, the pathology, and the treatment of insanity.

He opens the subject of his first chapter (the eighth of the book) in this impressive manner:—

“No class of diseases with which man is afflicted are so various in their manifestations as those known under the general term of insanity. No diseases present such an infinite variety of light and shade belonging to their own nature, or to their intermixture with other maladies, or to the influence of temperament, of individual peculiarities of habit, or of social position; and, therefore, the diagnosis of no other class of diseases taxes nearly so much the ingenuity and the patience of the physician. The diagnosis of almost all other diseases depends principally upon weighing the evidence afforded by physical signs and symptoms, upon evidence addressed to the senses; but in mental disease, it is, for the most part, dependent upon evidence which is cognizable by the intellect alone, and upon data which the senses furnish to us only at second hand. The physician is compelled to bring to this investigation, not only a knowledge of those functions which are subservient to the vegetative and animal life of the individual, but also a clear and analytical conception of those which collectively constitute mind. He must not only be a physician, but a metaphysician; not, indeed, in the almost opprobrious sense of this term, but in that better sense which designates a lover of truth, seeking to ascertain, not the essence of mind or any other unattainable abstraction, but the laws of mind, which are as regular as any other natural laws, and the knowledge of which offers to philosophy a wholesome and legitimate object of research.”

After stating in a very clear manner some of the difficulties which often

attend the investigation of the question whether an individual is insane, he proceeds to notice quite fully some of the elements which enter into the diagnosis. In his consideration of the change of habits and disposition in the insane occurs this passage:—

“There is a latent devil in the heart of the best of men; and when the restraints of religious feeling, of prudence and self-esteem, are weakened or removed by the operation of mental disease, the fiend breaks loose, and the whole character of the man seems to undergo a sudden and complete transformation. Every medical man has observed the extraordinary amount of obscenity, in thought and language, which breaks forth from the most modest and well-nurtured woman under the influence of puerperal mania; and although it may be courteous and politic to join in the wonder of those around, that such impurities could ever enter such a mind, and while he repudiates Pope’s slander, that “every woman is at heart a rake,” he will nevertheless acknowledge, that religious and moral principles alone give strength to the female mind; and that, when these are weakened or removed by disease, the subterranean fires become active, and the crater gives forth smoke and flame.”

While there is much truth in this, there are certainly some reservations to be made in regard to it; or, at least, the statement is so incautious, that some inferences are liable to be made from it which are false. The manifestations of insanity are often, it is true, more or less indicative of the lurking devil in the character, but they are never to be taken as the exact measure either of the evil qualities of the individual, or the strength of his propensities; and they are often, we are sure, totally inconsistent with both. We do not believe that they always come from “subterranean fires” previously restrained from bursting forth by “religious and moral principles.” We believe that their character is often given to them by some purely incidental circumstances, and so far as they are so, they fail to indicate what is attributed to them by our author.

Our author’s remarks on the physiognomy of insanity are exceedingly interesting, and his descriptions are very graphic. We will give but a single specimen.

“In a greater number of cases, however, a remarkable peculiarity is observable in the physiognomy of the insane; this exists in a want of accord in the expression of the different features. This is often remarkable and characteristic, and reminds one of those children’s toys, in which the upper and lower halves of painted figures are separable, and capable of being joined in fantastic reunion. Thus, the lower face of an alderman may be added to the upper face of a handsome woman; and upon the simpering mouth of the latter may be superadded the stern brows of a soldier. The effects produced by this amusing toy are only exaggerations of what may be observed in the insane. The expression of mouth often gives the lie to that of the eye and the brow; and while the whole features are full of expression, it is often impossible to designate truly that which is expressed. This is, perhaps of all, the most characteristic peculiarity of insane physiognomy, because it is only observed among the insane. It is, however, frequently absent in them; and the patients in whom this peculiarity is strongly marked, are probably less numerous than those in whom it is absent. Its presence, therefore, as a symptom of insanity is of considerable value; while but little weight can be attached to its absence.

Every one much conversant with the insane, must recognize the truth of the following remark:—

“Altogether, the effect of mania, and, indeed, of all forms of insanity, is to stamp upon the patient a remarkable degree of ugliness; and there is no symptom of returning mental health more trustworthy and more pleasing than the restoration of personal beauty. Among the female patients of large lunatic

asylums, not a single good-looking woman is often to be seen, except those who are convalescent, or those who are enjoying a prolonged interval of tranquillity and amelioration."

We doubt whether Dr. Bucknill is correct in laying so much stress upon the "shrivelled ear" so common in insanity. He says of it that it "tells an undeniable tale of profound mental disease." Certainly other chronic diseases besides those which are mental often have this symptom. All that is needed to produce it is emaciation with a dry, harsh skin.

The remarks of our author on the distinctions between insanity and eccentricity are very discriminating, and we only regret that they are not more extended.

On the subject of monomania, Dr. Bucknill says that it is not a disease implicating a single *faculty* of the mind, but insanity on a single subject, while many of the faculties may be affected. He is very happy in his illustration of the distinction between the monomaniac and those who hold absurd opinions on religious and other subjects.

"The difference between a Mormonite, a Princeite, a clairvoyant or a table-rapper and a true monomaniac, depends upon this, that in the former the absurd opinion is the natural consequence of ignorance and inaptitude to apply rightly the faculties of observation and judgment; in the latter, it is one of a train of symptoms of a pathological condition of the brain, and is consequent upon the well-known causes of such a condition."

Though the diagnosis is not always easy, the simple view of the grounds of it just given will help materially to decide the question. It is to be remarked, however, that there are many cases where the evidence is so confused and discrepant, that it is exceedingly difficult, sometimes impossible, to come to a settled decision, and farther developments in the progress of the case must be waited for.

Moral insanity we have already remarked upon in another part of this article. We regret that Dr. B. is not more full in regard to its diagnosis. After quoting the description which Prichard gives of it, he remarks:—

"It would appear from this that, perhaps, the only diagnostic symptom between mere vicious propensities and moral insanity is the mode of causation. Moral insanity is always preceded by an efficient cause of mental disease, and there has always been a notable change in the emotions and propensities following, and apparently consequent upon the operation of this cause."

The strict application of this rule of diagnosis would put to flight many of the loose notions of some physicians on this subject, and would expose the groundlessness of some testimony that has occasionally been given with much confidence in our courts of justice.

We would be glad to comment quite largely upon the contents of the chapter on the Pathology of Insanity, but our limits will not permit it. We can only touch upon a few of the many points presented to our view.

We are pleased to find that a point which we strongly urged in the first part of this article is also urged by Dr. Bucknill in this chapter, viz: the importance on the part of the physician of the insane of extending his view beyond the mental manifestations of insanity to those which occur in diseases generally—

"If he studies insanity alone," says our author, "he will be apt to fall into the common error of attributing its causation to some single pathological state, and his views will be as wrong as they are narrow."

The pathological conditions of the brain in insanity are various. Broussais

would have it that there is always inflammation, even in spite of the testimony of autopsies. In many cases there is congestion, especially at the beginning. The proof of this offered by our author is given under four heads:—

“First. By the exciting causes of many cases of insanity, which causes evidently tend to hyperæmia of the brain, and which in their more powerful operation frequently give rise to inflammation itself. Injuries to the brain, from blows, falls, or exposure to heat, if of a certain intensity, produce inflammation; if they be of a less intensity, in predisposed persons, they give rise to insanity. Repeated congestions of the brain from alcoholic drinks have a like effect. And finally, that frequent and unquestionable cause of congestion in all organs of the body, overwork of the organ itself, is a well-recognized and efficient cause of mental disease.

“Secondly. The symptoms attending many cases of insanity, are those of cerebral congestion. The forehead and vertex are hot, the face flushed, the conjunctiva injected, the carotid and temporal arteries beat strongly. Sometimes there is pain in the head; more commonly there is a sensation of weight and dulness. Moreover, the general system suffers from that imperfect and undeveloped state of pyrexia which accompanies active congestion of any important organ.

“Thirdly. Remedies which are efficient in the removal of congestion, are most beneficial in the early stages of many cases of insanity. Cold applied to the scalp by means of the ice-cap, cold lotions, or irrigations of cold water; leeches to the temples, and cupping to the nape of the neck; derivation to the intestinal canal by purgative medicines, or to the skin by warm baths; produce the most marked benefit in the early stages of mania, arising from the causes and accompanied by the symptoms above stated.

“Fourthly. When opportunities occur to examine the post-mortem appearances of such cases before they have become chronic, and have passed into the conditions of atrophic decay, the appearances are those of congestion of the pia-mater, with deepened colour of the convolutions; sometimes, but not always, accompanied by punctiform injection, or general pinkiness of the white substance of the cerebrum.”

The proof cited under the last head is not often to be obtained, because patients so seldom die while this state continues, the brain passing commonly into a condition the opposite of congestion as the case goes on. The congestion, it is to be remarked, is never the essential cause of the insanity. It often is present, as every physician knows, without producing this disease. It may be one of its exciting causes, or it may be a mere accompaniment. The insanity depends essentially upon some change in the brain of which we know nothing, the microscope itself failing to reveal it to us. But as congestion always aggravates the disease when it is present, it is important that the physician should be able to discover the signs of its presence, that he may apply the proper remedies for its removal.

In many cases the opposite of congestion, anæmia, exists. But the most common condition of the brain found in examinations after death, especially in chronic cases, is that of shrinking, a state in which there is something more than anæmia—there is atrophy or “degraded nutrition.” This results from a variety of causes, only one of which we will notice in passing—the want of sleep. It is because the period of sleep is the time especially for the nutrition or repair of the brain and nervous system, that the deprivation of it has often so much influence in producing insanity, and in so many cases proves so great an obstacle to its relief. In many cases it is not the absolute want of sleep that produces the effect, but the sleep is so disturbed with dreams that the repair of the brain cannot go quietly on. It is the unquiet state of the insane, depriving them of rest, and especially of the rest of sleep, that makes opium the most important of all the drugs that are used in the treatment of this dis-

case. And we are glad to see that the evidence in regard to its efficacy is so fully brought out in the concluding chapter, which is on the treatment of insanity. The testimony of Dr. Pliny Earle, of this country, cited by Dr. Bucknill, is very decisive on this point.

In regard to the general subject of the treatment of insanity, we remark that there has been the same disposition to narrow and exclusive views that has so much marked the treatment of other diseases. There are favourite remedies and modes, having each its warm advocates. Formerly much reliance was placed on active medication; but now the tendency is to the other extreme. Some go so far as to maintain that drugs should be entirely discarded, and that the treatment should be wholly moral, as they term it, making the word, however, to include much more than rightly belongs to it. Thus a late writer in the *American Journal of Insanity* declares, that—

“He always acted upon the presumption that the patients needed no active treatment. The insane hospital is to the insane what the splint and bandage are to the fractured limb—merely to insure quiet.”

To this Dr. Bucknill, who, we are glad to find, takes wide and discriminating views, and is truly an eclectic practitioner, very justly replies:—

“But insanity is not quite like a broken limb, and the processes by which recovery takes place are more complicated than the mere growth of new bone. Quietness is all that is needed to set a broken bone, because it is known that with quiet the pathological processes are certain to be reparative; but it is not always so in brain diseases.”

We are free to say, that an exclusively moral treatment must be better in its general results than the once popular active medicinal treatment. But a treatment mostly moral, but medicinal so far as the symptoms distinctly call for it, is better still.

We are persuaded that bleeding, and especially local bleeding, is at present too little used in the treatment of insanity, as well as in that of other diseases. The remarks of Dr. Bucknill on this point are so good that we must quote them.

“We have never used the lancet in the treatment of insanity, but we must admit that cases do present themselves in which we have felt it our imperative duty to use leeches to the temples and cupping to the nape of the neck, to such an extent that the effect on the general system would not be much less than that of a moderate bleeding. One ought always to be suspicious of a universal general rule, and more especially so when it has been adopted in opposition to a previous rule of the same character. It is very easy to save ourselves the trouble of thinking, by giving in our adhesion to a dogma; and the man who, at the present time, is most ready to affirm, with inflexible pertinacity, that in no possible case of insanity is it right to bleed, would, had he lived seventy years ago, have been the man most likely to affirm that no case of insanity can be rightly treated without such bleeding. This, however, is not the spirit of philosophy, or even the courage of good sense which has the will and hardihood to think for itself. Men love to run into extremes; but when most in extremes, let us remember, that they are never altogether right, and never altogether wrong. It is probable, therefore, that although our forefathers were wrong in their abuse of the lancet, we are not altogether right in looking upon it as *taboo*.”

We have seldom met with a collection of so judicious views of the treatment of disease as are in this chapter presented of the treatment of insanity, and we would commend them to the careful examination of the profession, not only from their value in their special bearing on this disease, but also on account

of their development of the true principles of the treatment of diseases generally.

Before concluding this article, we will touch upon one subject which we deem to be of great importance. It is the manner in which the question of an individual's sanity is often investigated in connection with criminal trials. It is commonly done in this way. Experts are called into court by the counsel on the one side or the other, or both, to testify at the time of the trial. This may be preceded by visits made to the prisoner by some of them. The objections to this are twofold—first, that if the case be at all a difficult one, the investigation is inadequate, all the data for the decision of the question not being gathered; and second, that the investigator is made, in spite often of the determination not to be, more or less a partisan for the side of the case on which he is called.

A case occurred some little time ago in New Haven which so well illustrates these points that we will briefly cite it. Willard Clark, the keeper of a grocery, became engaged to a young lady, who, after a time, dismissed him, and transferred her affections to a Mr. Wight, whom she married. In April, 1856, Clark went to the house where Wight lived, and shot him in the presence of the family, and then deliberately walked back to his shop. When the officer came for him, he, without compulsion, accompanied him to the jail. Nearly three months after the homicide, at the request of the lawyer engaged for his defence, Drs. Earle and Butler made Clark each two visits. They found him, as they thought, the subject of certain insane delusions, viz: that Mrs. Wight really loved him rather than her husband; that Wight married her for the purpose of ruining her, and that his (Clark's) mission was to destroy Wight in order to save her from destruction. Drs. Knight and Jewett were requested by the attorney for the State to visit Clark. Dr. Jewett attempted to have some conversation with him, but he refused to say anything to him unless his counsel should consent. The counsel did not consent, and so Drs. Knight and Jewett had no conversation with the prisoner. The attorney also wrote to Dr. Butler, asking him to visit Clark, and to give him his opinion in regard to his sanity. He briefly replied that he had visited Clark at the request of his counsel, and that he should be present at the trial. So the investigation of the mental condition of the prisoner was kept, so far as it could be, exclusively in the hands of the defence.

The trial came on in September. Drs. Butler, Earle, and Ray, were present, took notes of the testimony, and then testified upon the data thus gathered in addition to those obtained by Drs. Earle and Butler in their visits to the prisoner. Their opinion was, unequivocally, that he was insane, and, being acquitted on this ground, he has remained in prison ever since, simply as an unsafe person. And yet, notwithstanding this opinion and the verdict, we say that his insanity *was not proved at that time, and has not been proved to this day*. Dr. Ray confidently expected that his insanity would become palpable to all, and Dr. Butler predicted that he would be a raving maniac within a year. But two years have transpired, and Clark remains, so far as we learn, exactly the same.

The grand defect in the evidence of his insanity, as presented at the trial, was in the fact that during the three months immediately after the homicide there was not a lisp of these insane delusions of which Drs. Earle and Butler found him the victim. On the other hand, nearly all that he did say during that time, which appears in the testimony, indicated that he was governed by revenge. If these delusions had been present all this time, would he not have given vent to them from the outset, instead of reserving them three long

months for the ear of Drs. Butler and Earle? Is there not some reason to suspect that they were trumped up for the occasion by the prisoner, and that the doctors were cheated? There is certainly enough ground for such a suspicion to leave us in doubt about the case, and to warrant the assertion that the question whether Clark is an insane man is wholly undecided.

The investigation of this question was not a thorough one. It was not such as should satisfy scientific men. The three months' gap in the evidence stretches over a period of the utmost importance in the investigation. Then, if at any time, when the homicide was a fresh event, and there had been no conference on the part of Clark with counsel, could his mental condition be ascertained. But a delay of three months gave him ample time to hit upon a plan for simulating insanity. Most persons, it is true, fail in such attempts; but that success is impossible cannot be asserted, and we can easily see how a man of Clark's mental character could, under the circumstances, succeed.

The difficulty in this case would have been avoided if the French plan of a commission of lunacy were in use in this country. Such a commission, appointed by the government, and acting wholly independently of either side of the case, would be unbiassed in their investigations. Moreover, as they would in every case begin their observations at once, there would be no such loss of the golden opportunity for observation as there was in the case that we have narrated. The investigations prosecuted by this commission in some cases in France are of the most rigid and varied character. If the case be at all doubtful, every possible test is applied; and full notes are taken as the investigation proceeds. Upon these notes the commission make their report under oath. These reports are esteemed by scientific men as of great value, and the conclusions at which the commission arrived are acquiesced in by the community. There is none of the feeling which so often exists in this country, that the question of insanity has not been fully and fairly investigated. We hope that soon the plan will be adopted among us, as the security of society and the interests of humanity and science demand it.

There are some other points in the legal relations of insanity which we would like to remark upon in connection with this subject, but it would make this article too long.

W. H.

ART. XV.—*Clinical Lectures on the Principles and Practice of Medicine.*

By JOHN HUGHES BENNETT, M. D., F. R. S. E., Professor of the Institutes of Medicine, and Senior Professor of Clinical Medicine in the University of Edinburgh. Second edition, New York, Samuel S. and W. Wood, 1858; pp. 951, 8vo.

SOME of the views and opinions set forth prominently in this second edition of Dr. Bennett's lectures, have given rise to much controversy and discussion. The epithet original may well be applied to our author; and, whilst we give him credit for being an original observer, we must commend his diligence in finding out and displaying to his readers the researches and results of those actively engaged in scientific labours, in Germany and France as well as in England and our own country. In a notice of the book published in Glasgow, he was especially and justly commended for making his countrymen acquainted with the labors of German pathologists. And, indeed, the value of the volume is in the collection of the newest results and opinions of the most active, suc-